TY NAME: BASF Corp.			
TY ID (PREMISE NUMBER):	: 02-47-04-0195	This report includes permit	s to install # P0116505, P0117027, P111903 and P011
TY ADDRESS: 120 Pine Str	reet, Elyria, OH 44035		
e or most recent modificatio	n date: 07/27/01		
ERLY Reporting Period			Period (please indicate AN/A@ below in the AFrom@ and lude semiannual deviation reporting)
NA	To: NA	From: 01/01/16	To: 06/30/16
ages in <u>report,</u> including this	one: 11 pages		
list any supporting attachme	ents		
ng deadline: 07/31/2016			

NOTE: The deviation reporting period shall be stated in the following format: Axx/xx/xx through zz/zz/zz@ where xx/xx/xx and zz/zz/zz are the beginning and end dates for the deviation reporting period respectively.

SIGNATURE FOR STATEMENT

This statement shall be signed by the responsible official as defined in OAC rule 3745-77-01(GG). Making of any false material statement, representation or certification constitutes

a violation of ORC 3704.05(H), and subjects the responsible party signing this statement to civil and/or criminal penalties as provided in ORC 3704.06(C) and ORC 3704.

CERTIFICATION

Based on information and belief formed after reasonable inquiry, I hereby affirm, as stated in OAC rule 3745-77-03(D), that the statements and information as transmitted in this

Title V report are true, accurate and complete to the best of my knowledge.

Authorized Signature		Date	
Name (Please Print) _		Title	
Ohio Environn Deviation Rep	nental Protection Agency Section I- Page 2 orting		
ACILITY NAME: BASF Cor			
ACILITY ID (PREMISE NUM	MBER): 02-47-04-0195	This report includes permits	s to install # P0116506, P0117027, P111903 and P0115631
ACILITY ADDRESS: 120 F	rine Street, Elyria, OH 44035		
ssuance or most recent mod	ification date: 07/27/01		
QUARTERLY Reporting Per	od	SEMIANNUAL Reporting P report does include semian	Period (please indicate "N/A" below in the "From" and "To" fields if thi Inual deviation reporting)
rom: NA	To: NA	From: 01/01/16	To: 06/30/16
Reporting deadline: 07/31/20	116		

Ohio Environmental Protection Agency Deviation Reporting

FACILITY NAME			
FACILITY ID (PREMISE NUME	BER)		
FACILITY ADDRESS			
Issuance or most recent modifi	ication date		
QUARTERLY Reporting Perio	d	SEMIANNUAL Reporting Period (please in this report does include semiannual deviated)	
From:	То:	From:	То:
Reporting deadline			

SECTION I -

704.05(H), PART I General Terms and Conditions (Permit Requirement Reporting) (Table1)

Mark the following box with an >X= if no General Terms and Conditions deviations occurred

THERE WERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART I OF THE TITLE V PERMIT DURING THE REPORTING PERIOD

Add rows as necessary to the following table for reported deviations (one for each General Term as applicable; see detailed instructions for more information) (Table2)

·			·			·		
PERMIT RM scription		Requirement se one)	ACTUAL METHOD USED TO DETERMINE COMPLIANCE		DEVIATION INFORMATIC		PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIO PREVENTATIVE MEASURE
	Quarterly	Semi- Annual			/IATION RATION	DESCRIPTION AND MAGNITUDE OF THE DEVIATION		
				DATE / TIME START	DATE / TIME END			

TVDEVIATIONV1.DOC 11/2005

Ohio Environmental Protection Agency Deviation Reporting

FACILITY NAME			
FACILITY ID (PREMISE NUME	BER)		
FACILITY ADDRESS			
Issuance or most recent modifi	cation date		
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please in this report does include semiannual deviat	
From:	То:	From:	То:
Reporting deadline			

								-
PERMIT RM scription	Reporting Re		ACTUAL METHOD USED TO DETERMINE COMPLIANCE		DEVIATION INFORMATIO		PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIO PREVENTATIVE MEASURE
		Semi- Annual	1		VIATION RATION	DESCRIPTION AND MAGNITUDE OF THE DEVIATION		
			1	DATE / TIME START	DATE / TIME END			
		1	1					

Ohio Environmental Protection Agency Section II- Page 1

Deviation Reporting

FACILITY NAME: BASF Corp	ı.	
FACILITY ID (PREMISE NUM	BER): 02-47-04-0195	This report includes permits to install # P0116506, P0117027, P111903
FACILITY ADDRESS: 120 Pi	ne Street, Elyria, OH 44035	
Issuance or most recent modif	ication date: 07/27/01	
QUARTERLY Reporting Period	od	SEMIANNUAL Reporting Period (please indicate AN/A@ below in the AF fields if this report does include semiannual deviation reporting)
From: NA	To: NA	From: 01/01/16 To: 06/30/16
Reporting deadline: 07/31/201	6	

Section II - Part II Facility-wide Permit Requirement Reporting **Insignificant Emissions Unit Negative Declarations (Table1)**

List each insignificant emissions unit where no deviations of any PTI terms or applicable requirements for the listed emissions unit occurred, or add rows as necessary to the deviation reporting table (see next page) for reported deviations (one for each term as applicable; see detailed instructions for more information)

VERE NO DEVIATIONS OF ANY PTI TERMS OR APPLICABLE REQUIREMENTS FOR THE FOLLOWING LISTED INSIGNIFICANT EMISSIONS UNITS IDENTIFIED IN PART II. E V PERMIT:

color tray dying (E-5)

trays dryers, littleford mixer (E-31)

HC-11 tanks (E-53)

general catalyst dryers #4, #5 (E-86)

nitric acid dilution (E-87)

ZR sinter furnace (E-89)

FACILITY NAME: BASF Cor	- р.	
FACILITY ID (PREMISE NUM	MBER): 02-47-04-0195	This report includes permits to install # P0116506, P0117027, P111903
FACILITY ADDRESS: 120 F	Pine Street, Elyria, OH 44035	
Issuance or most recent mod	lification date: 07/27/01	
QUARTERLY Reporting Per	iod	SEMIANNUAL Reporting Period (please indicate AN/A@ below in the AF fields if this report does include semiannual deviation reporting)
From: NA	To: NA	From: 01/01/16 To: 06/30/16
Reporting deadline: 07/31/20	016	

VERE NO DEVIATIONS OF ANY PTI TERMS OR APPLICABLE REQUIREMENTS FOR THE FOLLOWING LISTED INSIGNIFICANT EMISSIONS UNITS IDENTIFIED IN PART II. I LE V PERMIT:

ammonia stripper in WWTP (E-93)

12 inch rotary calciner (E-95)

reduction towers (E-98)

#6 rotary calciner (E-97)

Horne tableting machines (E-102)

sulfuric acid storage tank

Kewanee boiler, rated at 8.6 MMBtu/hr

Kewanee boiler, rated at 8.6 MMBtu/hr

Kewanee boiler, rated at 8.6 MMBtu/hr

Deviation Reporting			
FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195		This report includes permits to	o install # P0116506, P0117027, P111903 a
FACILITY ADDRESS: 120 Pin	e Street, Elyria, OH 44035		
Issuance or most recent modifi	cation date: 07/27/01		
QUARTERLY Reporting Period	d		iod (please indicate AN/A@ below in the AFr de semiannual deviation reporting)
From: NA	To: NA	From: 01/01/16	To: 06/30/16
Reporting deadline: 07/31/2016	6		

VERE NO DEVIATIONS OF ANY PTI TERMS OR APPLICABLE REQUIREMENTS FOR THE FOLLOWING LISTED INSIGNIFICANT EMISSIONS UNITS IDENTIFIED IN PART II. I LE V PERMIT:

Kewanee boiler, rated at 8.6 MMBtu/hr

Building 27 Spin Flash Dryer

Ohio Environmental Protection Agency Section II- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195		This report includes permits to install # P0	116506, P0117027, P111903 a
FACILITY ADDRESS: 120 Pine Stre	et, Elyria, OH 44035		
Issuance or most recent modification	date: 07/27/01		
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please in fields if this report does include semiannual	
QUARTERLY Reporting Period From: NA	To: NA		

<u>Facility-wide Permit Requirements Terms and Conditions (Permit Requirement Reporting) - Negative Declarations (mark with an >X= if applicable)</u> (Table 2)

THERE WERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART II OF THE TITLE V PERMIT DURING THE REPORTING PERIOD SPECIFIED IN THIS REPORT

Section II - Part II Facility-wide and/or IEU permit requirement (Permit Requirement Reporting) - Deviation Reporting (Table 3)

Add rows as necessary to the following table for reported deviations (one for each Term as applicable; see detailed instructions for more information)

r IEU T iption	(choos	Requirement se one) both	ACTUAL METHOD USED TO DETERMINE COMPLIANCE		DEVIATIO INFORMAT		PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A	MALFUNCTION VERBAL REPORT(S) DATE(S)	MALFUN WRIT REPOF DATE
is for	Quarterly	Semi- Annual			ATION ATION	DESCRIPTION AND MAGNITUDE OF THE			MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	(If no reports were made, state ANO REPORTS@ in the space below)	(If no reports state ANO R in the spac
				DATE / TIME START	DATE / TIME END	DEVIATION			the next column)		
					· · · · · · · · · · · · · · · · · · ·	I	· · · · · · · · · · · · · · · · · · ·			I	

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER):	02-47-04-0195	This report includes permits to install # P	0116506, P0117027, P111903 a
FACILITY ADDRESS: 120 Pine Stre	eet, Elyria, OH 44035		
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please fields if this report does include semiannu	
QUARTERLY Reporting Period From: NA	To: NA		

r IEU T iption is for	(choos	Requirement se one) both	ACTUAL METHOD USED TO DETERMINE COMPLIANCE	USED TO INFORMATION CAUSE F DETERMINE DEVIA		PROBABLE CAUSE FOR THE DEVIATION	FOR THE ACTIONS /	WAS THIS DEVIATION ATTRIBUTABLE TO A	MALFUNCTION VERBAL REPORT(S) DATE(S)	MALFUN WRIT REPOF DATE	
is for	Quarterly	Semi- Annual			IATION ATION	DESCRIPTION AND MAGNITUDE OF THE			MALFUNCTION ? (Yes or No - If Yes, continue to	(If no reports were made, state ANO REPORTS@ in the space below)	(If no reports state ANO R in the spac
				DATE / TIME START	DATE / TIME END	DEVIATION			the next column)		

Ohio Environmental Protection Agency Section III- Page 1

Deviation Reporting

FACILITY NAME: BASF Cor	p.		
FACILITY ID (PREMISE NUM	√IBER): 02-47-04-0195	This report includes permits to	o install # P0116506, P0117027, P111903 a
FACILITY ADDRESS: 120 P	rine Street, Elyria, OH 44035		
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period			iod (please indicate AN/A@ below in the AFrode semiannual deviation reporting)
From: NA	To: NA	From: 07/01/15	To: 12/31/15
Reporting deadline: 01/31/2016		1	

Section III - Part III Emissions Unit Terms and Conditions (Permit Requirement Reporting) - Negative Declarations (Table 1)

List each emissions unit where no deviations of any terms for the listed emissions unit occurred, or add rows as necessary to the second table (see next page) for reported deviations (one for each term as applicable; see detailed instructions for more information)

VERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART III OF THE TITLE V PERMIT FOR THE FOLLOWING LISTED EMISSIONS UNITS:

Emissions Unit ID	Please place an >X= below if there were no Quarterly Deviations - If an >X= is not indicated, the deviation(s) must be identified in Table2 below	If applicable, please place an >X= below if there no Semiannual Deviations - If an >X= is not inditine the deviation(s) must be identified in Table2 b
	X	X
	X	X
	X	X

FACILITY NAME: BASF Cor	p.		
FACILITY ID (PREMISE NUM	MBER): 02-47-04-0195	This report includes permits to inst	tall # P0116506, P0117027, P111903 a
FACILITY ADDRESS: 120 P	ine Street, Elyria, OH 44035		
Issuance or most recent mod	ification date: 07/27/01		
QUARTERLY Reporting Period			
QUARTERLY Reporting Peri	od	SEMIANNUAL Reporting Period (priod significantly fields if this report does include se	please indicate AN/A@ below in the AFro emiannual deviation reporting)
QUARTERLY Reporting Peri From: NA	od To: NA	· · · · · · · · · · · · · · · · · · ·	•

X	X
X	X
X	X
X	X
X	Х
X	
X	Х
Х	X

FACILITY NAME: BASE C	orp.			
FACILITY ID (PREMISE N	UMBER): 02-47-04-0195	This report includes permits to	This report includes permits to install # P0116506, P0117027, P111903	
FACILITY ADDRESS: 120	Pine Street, Elyria, OH 44035			
Issuance or most recent mo	odification date: 07/27/01			
QUARTERLY Reporting Period			od (please indicate AN/A@ below in the AFrom t	
From: NA	To: NA	From: 07/01/15	To: 12/31/15	
Reporting deadline: 01/31/2	2016		·	

X	X
X	X
X	Х
X	Х
X	X
	X
X	X
X	Χ

· · · · · · · · · · · · · · · · · · ·			
FACILITY NAME: BASE	Corp.		
FACILITY ID (PREMISE I	NUMBER): 02-47-04-0195	This report includes permits to	install # P0116506, P0117027, P111903 a
FACILITY ADDRESS: 12	0 Pine Street, Elyria, OH 44035		
Issuance or most recent r	nodification date: 07/27/01		
QUARTERLY Reporting F	Period	· •	od (please indicate AN/A@ below in the AFroe semiannual deviation reporting)
From: NA	To: NA	From: 07/01/15	To: 12/31/15
Reporting deadline: 01/31	1/2016		·
		<u>'</u>	

X	X
X	X
X	X
X	X
X	X
X	Х
X	Х
X	Х
X	Х

FACILITY NAME: BASF	Corp.			
FACILITY ID (PREMISE	NUMBER): 02-47-04-0195	This report includes permits to	This report includes permits to install # P0116506, P0117027, P111903	
FACILITY ADDRESS: 12	20 Pine Street, Elyria, OH 44035			
Issuance or most recent	modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate AN/A@ below in the fields if this report does include semiannual deviation reporting)		
From: NA	To: NA	From: 07/01/15	To: 12/31/15	
Reporting deadline: 01/3	1/2016			

X	X
X	X
X	X
X	X
X	X
X	Χ

Ohio Environmental Protection Agency Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): ()2-47-04-0195	This report includes permits to install # P0	116506, P0117027, P111903 a
FACILITY ADDRESS: 120 Pine Stree	t, Elyria, OH 44035		
Issuance or most recent modification	date: 07/27/01		
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA To: NA		From: 01/01/14	To: 06/30/14
Reporting deadline: 07/31/2014			

<u>Section III - Part III Emissions Unit Terms and Conditions (Permit Requirement Reporting) - Deviation Reporting</u> (Table2)

Add rows as necessary to the following table for reported deviations (one for each Term as applicable; see detailed instructions for more

information) - Please group deviations for each emissions unit that has deviations of multiple terms.

NS J) otion w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION?	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were	MALI W RE. D
		Quarterly	/ Semi- Annual		DEVIA DURA		DESCRIPTION AND MAGNITUDE			(Yes or No - If Yes, continue to the next column)	(If no reports were made, state ANO REPORTS@ in the space below)	(If r we sta REP
					DATE/TIME START	DATE/TIM E END	OF THE DEVIATION					the s
y #4)	A.I.1 Visible Emissions		×		2/7/16 2100	2/7/16 2120	Visible emissions	Low sodium sulfide in scrubber	Sodium sulfide added	yes	yes	2
y #4)	A.I.1 Visible Emissions		х		2/10/16 1145	2/10/6 1245	Visible emissions	Low sodium sulfide in	Sodium sulfide added	yes	yes	2

FACILITY NAME: BASF	Corp.		
FACILITY ID (PREMISE I	NUMBER): 02-47-04-0195	This report includes permits to	install # P0116506, P0117027, P111903 a
FACILITY ADDRESS: 12	0 Pine Street, Elyria, OH 44035		
Issuance or most recent r	modification date: 07/27/01		
QUARTERLY Reporting	Period	SEMIANNUAL Reporting Period	od
From: NA	To: NA	From: 01/01/14	To: 06/30/14
Reporting deadline: 07/3	1/2014		

NS J) otion w)	TITLE V PERMIT TERM NO & Description	(choos	Requirement se one) both	ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION				CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION?	DATE(S)	MALI W RE. D
	ļ	Quarterly	Semi- Annual		DEVIA DURA		DESCRIPTION AND MAGNITUDE			(Yes or No - If Yes, continue to the next column)	(If no reports were made, state ANO REPORTS@ in the space below)	(If r we sta REF
	<u> </u>				DATE/TIME START	DATE/TIM E END	OF THE DEVIATION			, , ,	, ,	the s _i
y #4)	A.I.1 Visible Emissions		×		2/12/16 1145	2/12/6 1200	Visible emissions	Low sodium sulfide in scrubber	Sodium sulfide added	yes	yes	2
y #4)	A.I.1 Visible Emissions		×		3/25/16 0730	3/25/6 1013	Visible emissions	Improperly set valve in duct work	Valve set correctly	yes	yes	4
y #4)	A.I.1 Visible Emissions		×		4/4/16 0345	4/4/6 0355	Visible emissions	Low sodium sulfide in scrubber	Sodium sulfide added	yes	yes	4

Reporting deadline: 07/31/20	114		
From: NA	To: NA	From: 01/01/14	To: 06/30/14
QUARTERLY Reporting Peri	od	SEMIANNUAL Reporting Period	od
Issuance or most recent mod	ification date: 07/27/01		
FACILITY ADDRESS: 120 P	ine Street, Elyria, OH 44035		
FACILITY ID (PREMISE NUM	MBER): 02-47-04-0195	This report includes permits to	install # P0116506, P0117027, P111903 a
FACILITY NAME: BASF Cor	p.		

NS J) otion w)	TITLE V PERMIT TERM NO & Description	(choos	Requirement se one) both	ACTUAL METHOD USED TO DETERMINE COMPLIANCE	USED TO II. DETERMINE		DEVIATION INFORMATION		CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION?	MALFUNCTION VERBAL REPORT(S) DATE(S)	MALI W RE. D
		Quarterly	Semi- Annual		DEVIA DURA		DESCRIPTION AND MAGNITUDE				(If no reports were made, state ANO REPORTS@ in the space below)	(If r we sta REF
					DATE/TIME START	DATE/TIM E END	OF THE DEVIATION			the next column)	Space below)	the s
y #4)	A.I.1 Visible Emissions		×		4/7/16 1415	4/7/6 1430	Visible emissions	Low sodium sulfide in scrubber	Sodium sulfide added	yes	yes	4
y #4)	A.I.1 Visible Emissions		×		4/23/16 1330	4/23/6 1335	Visible emissions	Low sodium sulfide in scrubber	Sodium sulfide added	yes	yes	ţ
y #4)	A.I.1 Visible Emissions		х		6/1/16 1430	6/1/6 1445	Visible emissions	Low sodium sulfide in scrubber	Sodium sulfide added	yes	yes	6

FACILITY NAME: BASE	Corp.		
FACILITY ID (PREMISE I	NUMBER): 02-47-04-0195	This report includes permits to	install # P0116506, P0117027, P111903 a
FACILITY ADDRESS: 12	0 Pine Street, Elyria, OH 44035		
Issuance or most recent r	nodification date: 07/27/01		
QUARTERLY Reporting I	Period	SEMIANNUAL Reporting Perio	od
From: NA	To: NA	From: 01/01/14	To: 06/30/14
Reporting deadline: 07/31	/2014		•

NS J) otion w)	TITLE V PERMIT TERM NO & Description	(choos	Requirement se one) both	ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A	MALFUNCTION VERBAL REPORT(S) DATE(S)	MALI W RE. D
		Quarterly	Semi- Annual			ATION ATION	DESCRIPTION AND MAGNITUDE			MALFUNCTION? (Yes or No - If Yes, continue to the next column)	(If no reports were made, state ANO REPORTS@ in the space below)	(If r we sta REF
					DATE/TIME START	DATE/TIM E END	OF THE DEVIATION			une next columny	Space Below)	the s
y #4)	A.I.1 Visible Emissions		х		6/9/16 1445	6/9/6 1450	Visible emissions	pH probe failure in third stage of TriMer scrubber	Probe repaired	yes	yes	6
y #1)	A.I.1 Visible Emissions		х		4/7/16 1415	4/7/6 1430	Visible emissions	Low sodium sulfide in scrubber	Sodium sulfide added	yes	yes	6

EACH ITY NAME: BASE Core			
FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUME	BER): 02-47-04-0195	This report includes permits to	install # P0116506, P0117027, P111903 a
FACILITY ADDRESS: 120 Pin	e Street, Elyria, OH 44035		
Issuance or most recent modifi	cation date: 07/27/01		
QUARTERLY Reporting Period	t	SEMIANNUAL Reporting Perio	od
From: NA	To: NA	From: 01/01/14	To: 06/30/14
Reporting deadline: 07/31/2014	4		

NS J) otion w)	TITLE V PERMIT TERM NO & Description	(choos	Requirement se one) ooth	ACTUAL METHOD USED TO DETERMINE COMPLIANCE	INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CAUSE FOR ACTIONS / THE PREVENTATIVE		MALFUNCTION VERBAL REPORT(S) DATE(S)	MALI W RE. D
		Quarterly	Semi- Annual			VIATION DESCRIPTION AND MAGNITUDI				MALFUNCTION? (Yes or No - If Yes, continue to the next column)	(If no reports were made, state ANO REPORTS@ in the space below)	(If r we sta REF
					DATE/TIME START	DATE/TIM E END	OF THE DEVIATION				·	the s _t
y #1)	A.I.1 Visible Emissions		×		6/20/16 2030	6/20/16 2230	Visible emissions	Block in discharge line from dust collector	Blockage cleared	yes	yes	7/
zer	A.I.1 Visible Emissions		х		3/9/16 0845	3/9/16 0847	Visible emissions	Improperly set damper	Damper reset	yes	yes	4
/ #5)	A.I.1 Visible Emissions		х		1/10/16 1702	1/10/16 2100	Visible emissions	Improperly installed filter	Filter reinstalled	yes	yes	1

Ohio Environmental Protection Agency Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.						
FACILITY ID (PREMISE NUMBER): 02	2-47-04-0195	This report includes permits to install # P0	116506, P0117027, P111903 a			
FACILITY ADDRESS: 120 Pine Street	, Elyria, OH 44035					
Issuance or most recent modification d	ate: 07/27/01					
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period				
From: NA	To: NA	From: 01/01/14	To: 06/30/14			
Reporting deadline: 07/31/2014						

NS J) otion w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were	MALI W RE D
		Quarterly	arterly Semi- Annual		DURATION AND		DESCRIPTION AND MAGNITUDE			MALFUNCTION? (Yes or No - If Yes, continue to the next column)	(If no reports were made, state ANO REPORTS@ in the space below)	(If r we sta REP
					DATE/TIME START	DATE/TIM E END	OF THE DEVIATION			the next column)	space below)	the s
, #5)	A.I.1 Visible Emissions		х		1/22/16 0945	1/22/16 1105	Visible emissions	Bypass valve failure	Valve repaired	yes	yes	2

See page 3 of the instructions ASECTION III ADDITIONAL DETAILED INSTRUCTIONS FOR COMPLETING A DEVIATION REPORTING TABLE of for guidance on this table.